Fill in	this information to identify your case:						
				heck one 22A-1Sup		rected in this form and	d in Form
Debto	or 1 Albert D Davis				1		
Debte (Spous	or 2 e, if filing)			■ 1. Th	ere is no presi	umption of abuse	
United States Bankruptcy Court for the: Northern District of Illinois				☐ 2. The calculation to determine if a presumption of abuse applies will be made under <i>Chapter 7 Means Test</i>			
Case (if know	number vn)			☐ 3. Th	e Means Test	cial Form 122A-2). does not apply now be service but it could ap	
						n amended filing	
	<u>cial Form 122A - 1</u>	_					
Cha	apter 7 Statement of Your	Current Mor	าthly In	come	!		12/19
attach case n	complete and accurate as possible. If two married possible as esparate sheet to this form. Include the line numb umber (if known). If you believe that you are exempting military service, complete and file Statement of Calculate Your Current Monthly Income	er to which the addition ed from a presumption Exemption from Presur	nal information of abuse beca	applies. (use you d	On the top of ar o not have prin	ny additional pages, wri narily consumer debts o	te your name and or because of
1.	What is your marital and filing status? Check of	one only.					
	■ Not married. Fill out Column A, lines 2-11.						
	\square Married and your spouse is filing with you.	Fill out both Columns	A and B, line	s 2-11.			
	\square Married and your spouse is NOT filing with	you. You and your s	spouse are:				
	Living in the same household and are no	ot legally separated.	Fill out both C	olumns A	and B, lines 2	?-11.	
	☐ Living separately or are legally separated penalty of perjury that you and your spouse living apart for reasons that do not include	e are legally separated	d under nonba	nkruptcy	law that applie	es or that you and you	
10 ⁻ the	in the average monthly income that you received from 1(10A). For example, if you are filing on September 15, to 6 months, add the income for all 6 months and divide the buses own the same rental property, put the income from	he 6-month period would ne total by 6. Fill in the re	l be March 1 thr sult. Do not incl	ough Augu ude any ind	st 31. If the amo	unt of your monthly incor ore than once. For examp	ne varied during ble, if both
				Columi Debtor		Column B Debtor 2 or non-filing spouse	
	Your gross wages, salary, tips, bonuses, over payroll deductions).	time, and commission	ons (before al	l \$	0.00	\$	
	Alimony and maintenance payments. Do not in Column B is filled in.	nclude payments from	a spouse if	\$	0.00	\$	
	All amounts from any source which are regula of you or your dependents, including child su from an unmarried partner, members of your hou and roommates. Include regular contributions froi filled in. Do not include payments you listed on lir	pport. Include regular sehold, your depende m a spouse only if Col	r contributions nts, parents,	\$	0.00		
	Net income from operating a business, profes			-			
		Deb	otor 1				
	Gross receipts (before all deductions)	·	3.02				
	Ordinary and necessary operating expenses	-\$ 2,60	14.00				
	Net monthly income from a business, profession, or farm	\$1,64	Copy 19.02 here -:	> \$	1,649.02	\$	
6.	Net income from rental and other real propert		otor 1				
	Gross receipts (before all deductions)	\$ 0.00					
	Ordinary and necessary operating expenses	-\$ 0.00					
	Net monthly income from rental or other real prop	erty \$ 0.00	Copy here -	>\$	0.00	\$	
	Interest, dividends, and royalties			\$	0.00	\$	

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Albert D Davis Debtor 1 Case number (if known) Column A Column B Debtor 1 Debtor 2 or non-filing spouse 8. Unemployment compensation 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For your spouse \$ 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled 0.00 if retired under any provision of title 10 other than chapter 61 of that title. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.. 0.00 0.00 Total amounts from separate pages, if any. 0.00 11. Calculate your total current monthly income. Add lines 2 through 10 for 1,649.02 1.649.02 \$ \$ each column. Then add the total for Column A to the total for Column B. Total current monthly income Part 2: Determine Whether the Means Test Applies to You 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> 1,649.02 Multiply by 12 (the number of months in a year) **x** 12 19.788.24 12b. The result is your annual income for this part of the form 12b. 13. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. Ш 1 Fill in the number of people in your household. 66,950.00 Fill in the median family income for your state and size of household. 13. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. Do NOT fill out or file Official Form 122A-2. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Part 3: Sian Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Albert D Davis Albert D Davis

Signature of Debtor 1

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Debtor 1	Albert D Davis	Case number (if known)	
Da	ate April 25, 2024		
	MM / DD / YYYY		
	If you checked line 14a, do NOT fill out or file Form 122A-2.		
	If you checked line 14h, fill out Form 122A-2 and file it with this for	rm	

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Debtor 1 Albert D Davis Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 10/01/2023 to 03/31/2024.

Line 5 - Income from operation of a business, profession, or farm

Source of Income: **Rideshare** Income/Expense/Net by Month:

	Date	Income	Expense	Net
6 Months Ago:	10/2023	\$5,335.31	\$2,604.00	\$2,731.31
5 Months Ago:	11/2023	\$2,579.78	\$2,604.00	\$-24.22
4 Months Ago:	12/2023	\$5,188.23	\$2,604.00	\$2,584.23
3 Months Ago:	01/2024	\$3,265.62	\$2,604.00	\$661.62
2 Months Ago:	02/2024	\$3,610.60	\$2,604.00	\$1,006.60
Last Month:	03/2024	\$5,538.60	\$2,604.00	\$2,934.60
	Average per month:	\$4,253.02	\$2,604.00	
			Average Monthly NET Income:	\$1,649.02

Non-CMI - Social Security Act Income

Source of Income: **SSI** Income by Month:

6 Months Ago:	10/2023	\$3,121.00
5 Months Ago:	11/2023	\$3,121.00
4 Months Ago:	12/2023	\$3,121.00
3 Months Ago:	01/2024	\$3,121.00
2 Months Ago:	02/2024	\$3,121.00
Last Month:	03/2024	\$3,121.00
	Average per month:	\$3,121.00